



# MARYLAND Department of Health

June 22, 2018

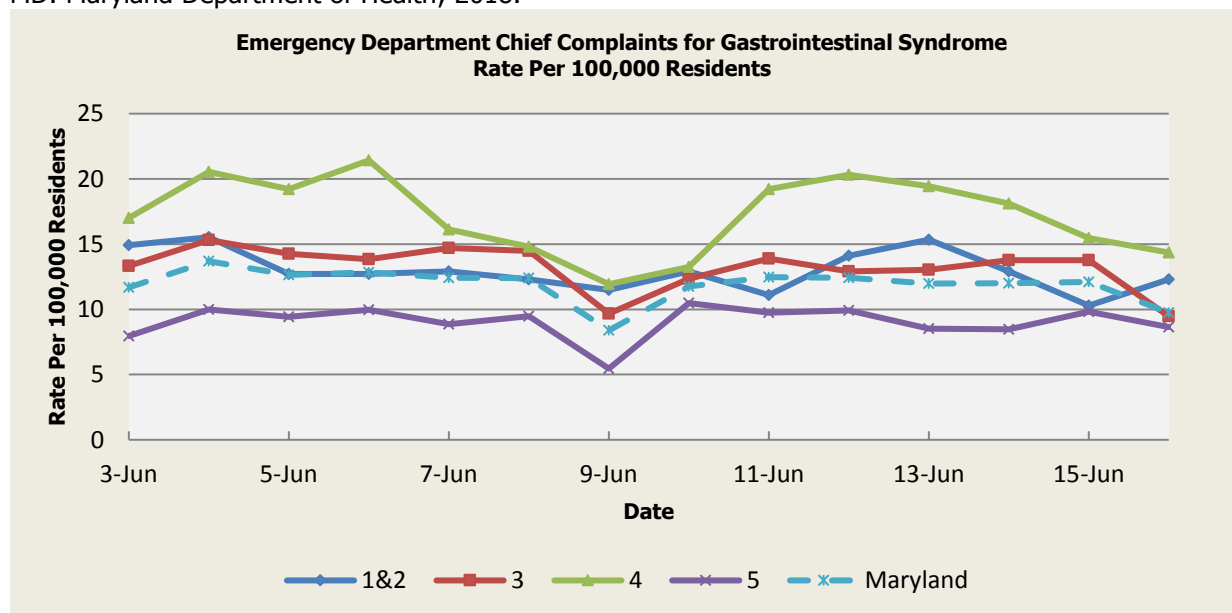
## Public Health Preparedness and Situational Awareness Report: #2018:24 Reporting for the week ending 06/16/18 (MMWR Week #24)

### CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts  
Maryland: Normal (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

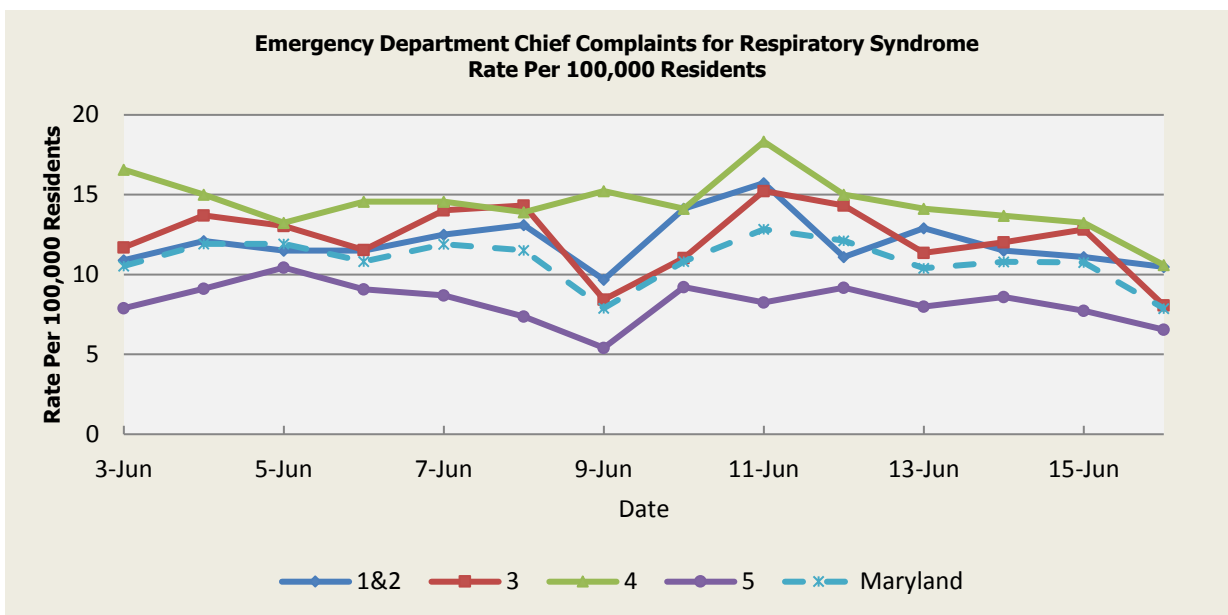
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2018.



There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.07	15.15	15.68	10.24	13.13
Median Rate*	12.91	14.87	15.24	10.13	12.97

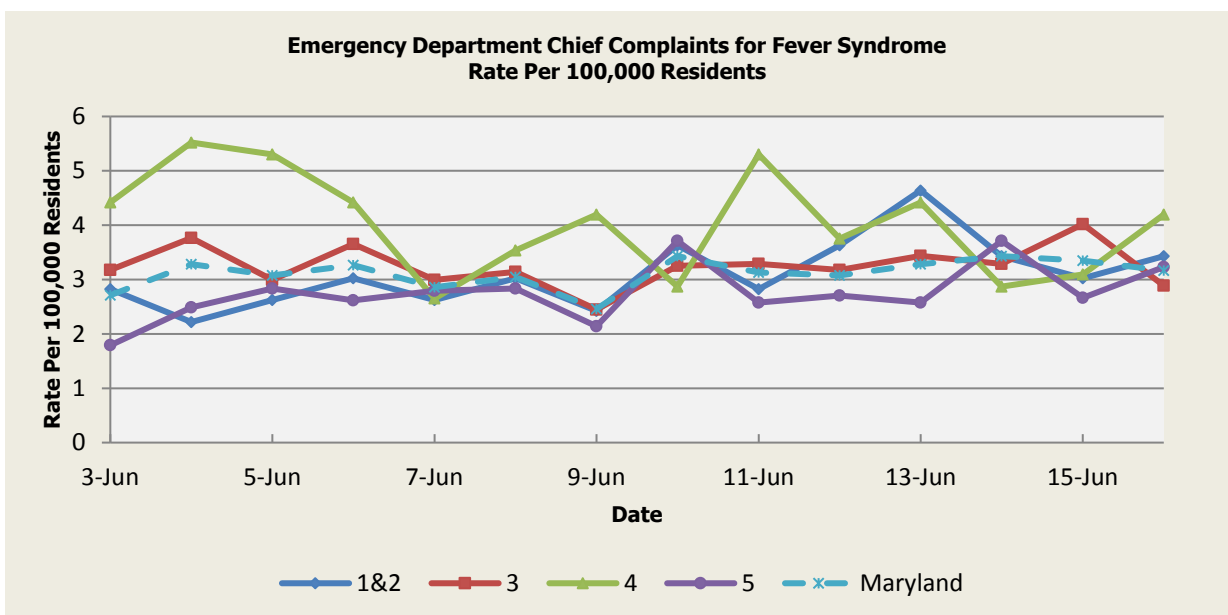
\* Per 100,000 Residents



There was one (1) Respiratory illness outbreak reported this week: one (1) outbreak of Pertussis associated with a School (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.41	14.68	14.83	9.99	12.71
Median Rate*	11.90	14.10	14.13	9.60	12.20

\* Per 100,000 Residents

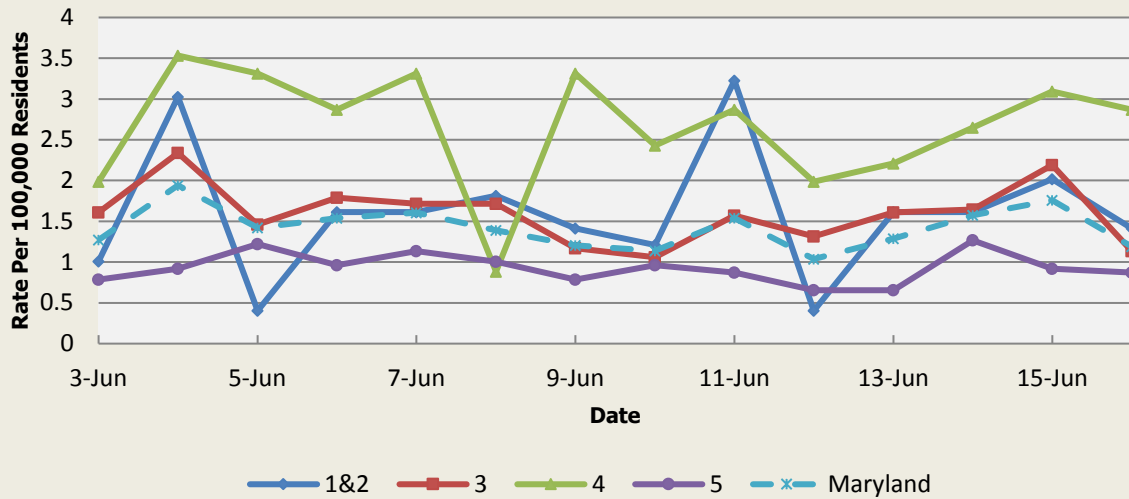


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.01	3.89	4.03	3.05	3.50
Median Rate*	2.82	3.76	3.75	2.92	3.38

Per 100,000 Residents

### Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



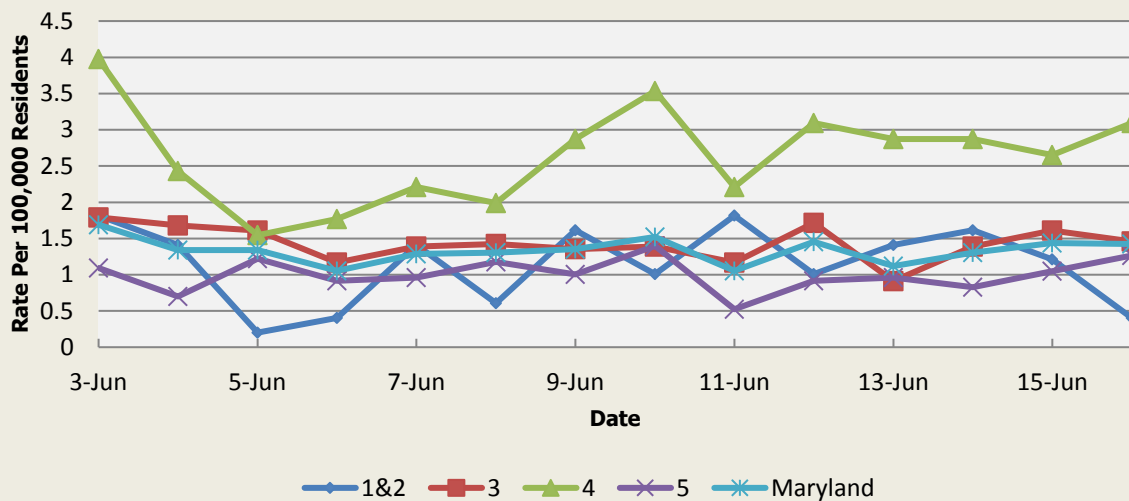
There were no Localized Lesion Syndrome outbreaks reported this week.

#### Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.05	1.85	2.03	0.93	1.44
Median Rate*	1.01	1.79	1.99	0.92	1.39

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

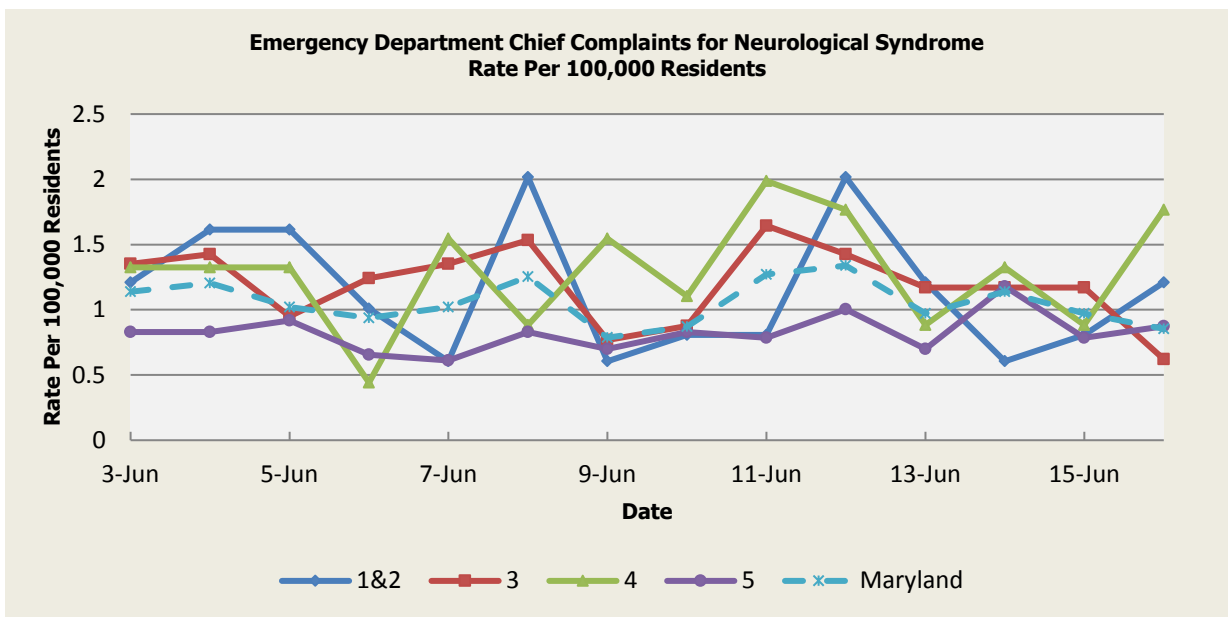


There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Scabies in a Nursing Home (Region 4).

#### Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.71	1.76	1.00	1.40
Median Rate*	1.21	1.64	1.77	0.96	1.34

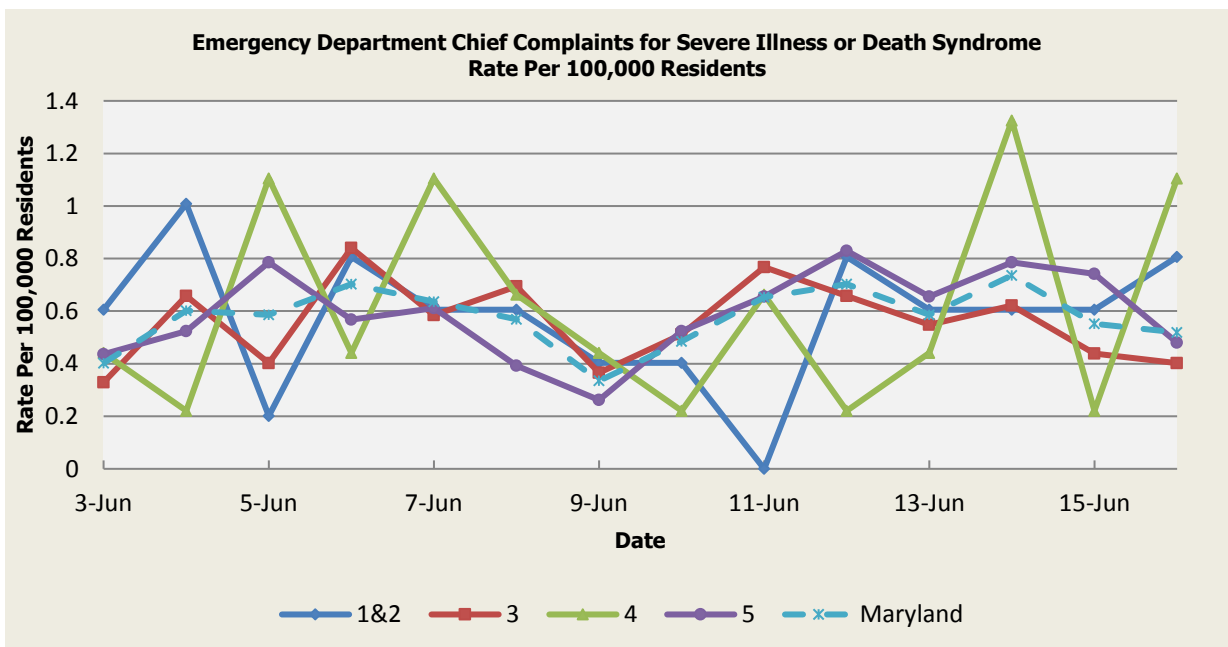
\* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.72	0.88	0.78	0.55	0.73
Median Rate*	0.60	0.77	0.66	0.52	0.64

\* Per 100,000 Residents

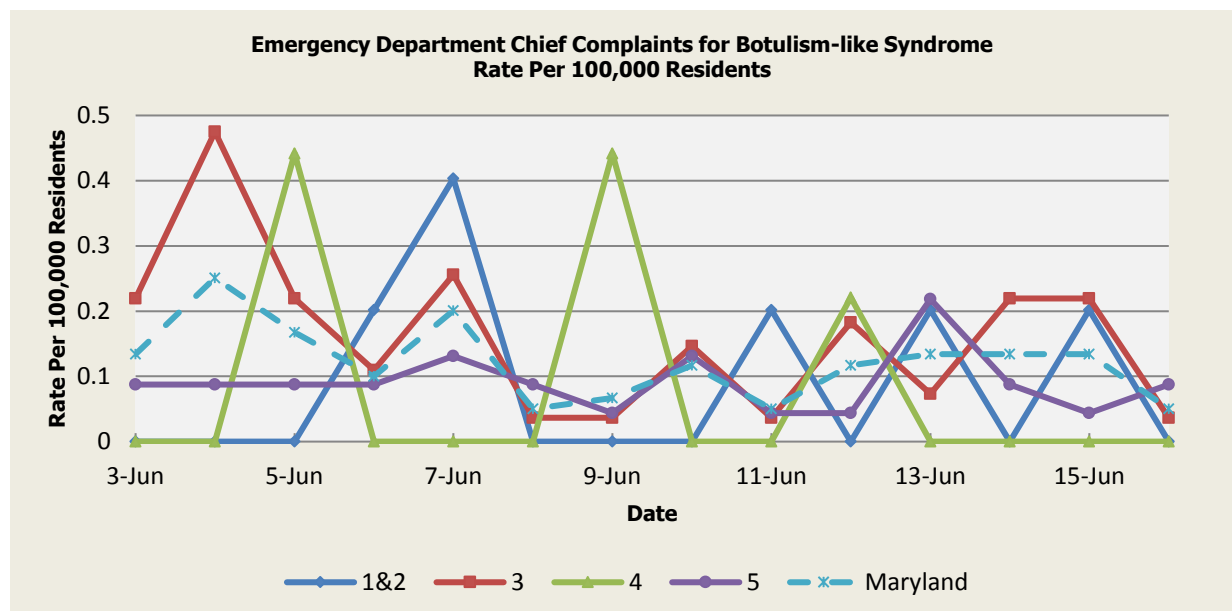


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.89	0.79	0.47	0.70
Median Rate*	0.60	0.88	0.66	0.48	0.69

\* Per 100,000 Residents

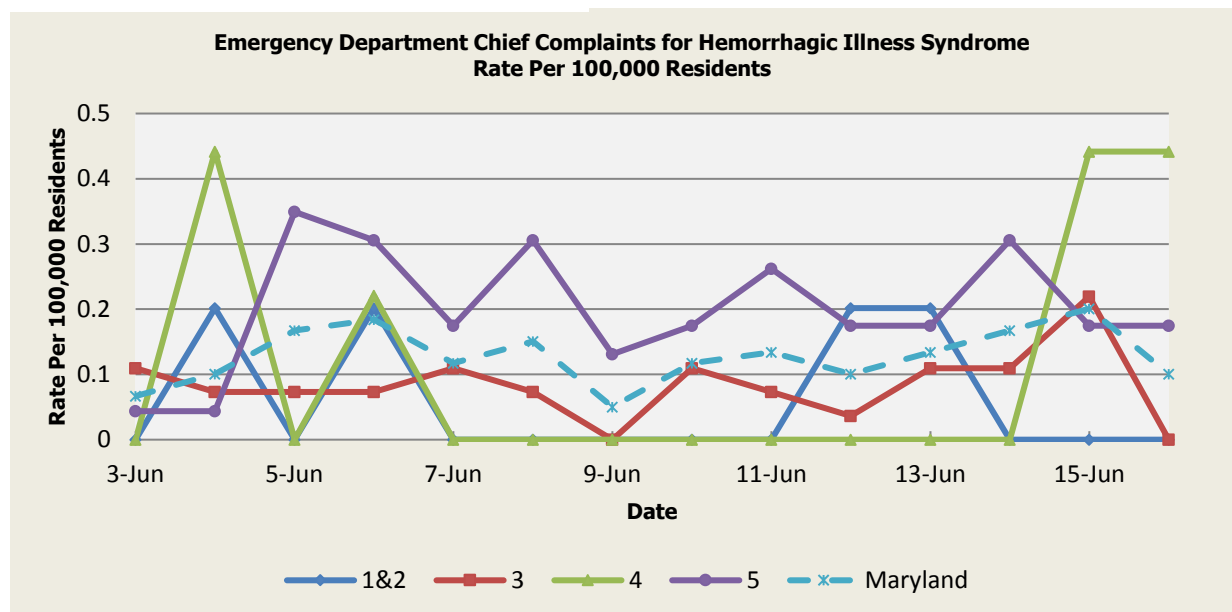
## SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 05/27 (Regions 1&2,4,5), 05/28 (Region 4), 05/29 (Region 4), 05/31 (Region 5), 06/01 (Regions 1&2,5), 06/04 (Region 3), 06/05 (Region 4), 06/06 (Regions 1&2), 06/07 (Regions 1&2,3), 06/09 (Region 4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.11	0.05	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

\* Per 100,000 Residents

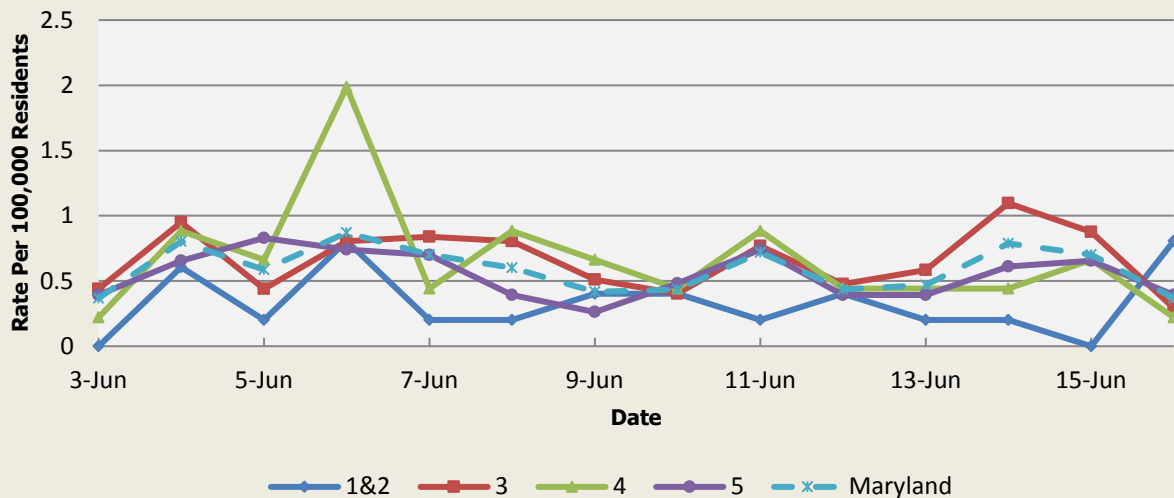


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 05/29 (Region 5), 05/30 (Region 5), 05/31 (Regions 1&2), 06/02 (Region 5), 06/04 (Regions 1&2,4), 06/05 (Region 5), 06/06 (Regions 1&2,4,5), 06/08 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.14	0.03	0.11	0.11
Median Rate*	0.00	0.07	0.00	0.04	0.07

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Lymphadenitis Syndrome Rate Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 05/27 (Regions 4,5), 05/28 (Region 4), 06/02 (Region 4), 06/04 (Region 4), 06/06 (Regions 1&2,4,5), 06/08 (Region 4). These increases are not known to be associated with any outbreaks.

#### Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.56	0.37	0.35	0.45
Median Rate*	0.20	0.44	0.22	0.31	0.37

\* Per 100,000 Residents

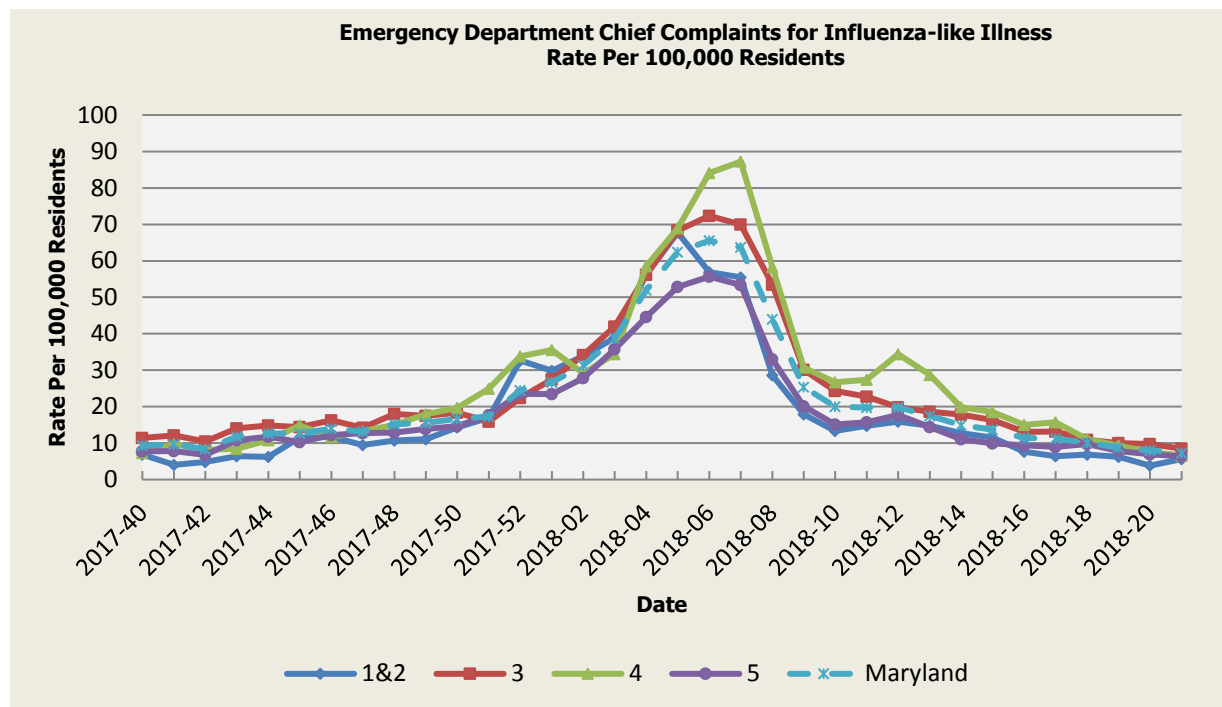
### MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	June			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Meningococcal disease	0	0.2	0	4	3	2
Measles	0	0.6	1	0	4.4	3
Mumps	0	2	2	5	36.2	16
Rubella	0	0.6	1	1	3.2	3
Pertussis	0	10	9	17	133.4	124
Foodborne Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Salmonellosis	0	53	55	39	316.6	305
Shigellosis	0	12.8	12	19	88.8	108
Campylobacteriosis	0	51.2	51	71	317	320
Shiga toxin-producing Escherichia coli (STEC)	0	10.8	13	12	65.2	76
Listeriosis	0	1	1	1	5.8	5
Arboviral Diseases	2018	Mean*	Median*	2018	Mean*	Median*
West Nile Fever	0	1	0	0	2	2
Lyme Disease	0	306.6	304	176	1226	1287
Emerging Infectious Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Chikungunya	0	0	0	1	1.6	0
Dengue Fever	0	1	0	1	12.2	8
Zika Virus***	0	1	0	0	6	4
Other	2018	Mean*	Median*	2018	Mean*	Median*
Legionellosis	0	13.2	10	16	74.6	73
Aseptic meningitis	0	19.2	16	20	159	162

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2018. † Counts are subject to change \*Timeframe of 2013-2017. \*\*Includes January through current month. \*\*\* As of June 22, 2018, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2018 is 5.

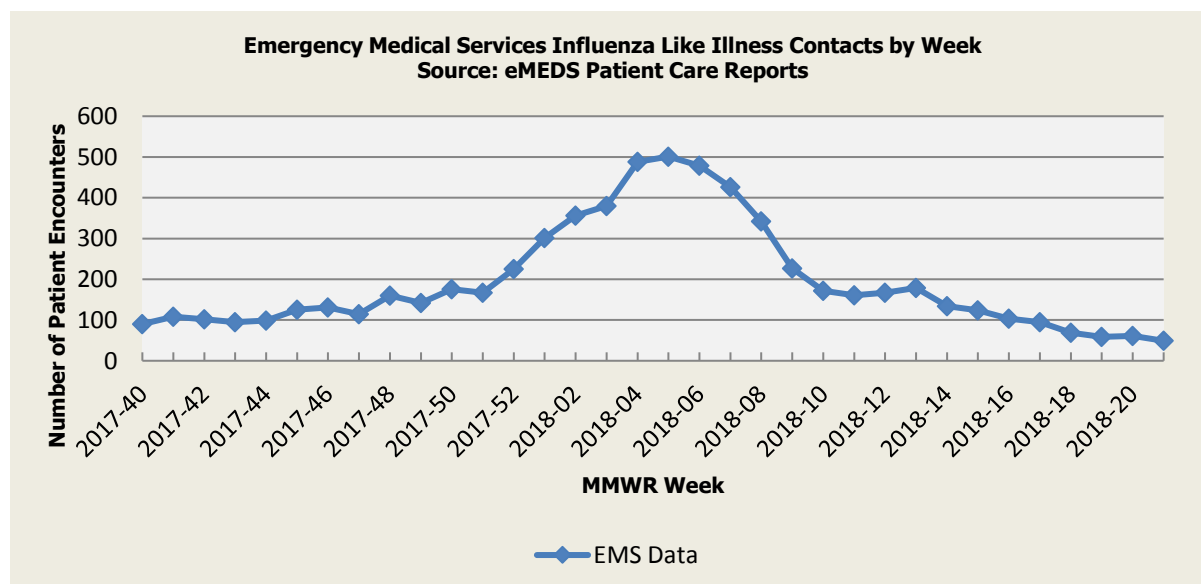
## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



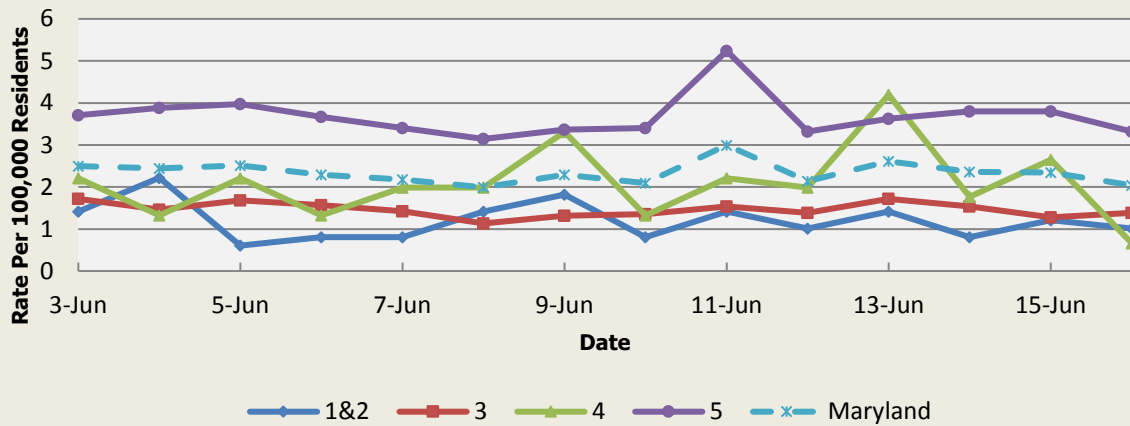
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.34	16.55	15.19	14.31	15.24
Median Rate*	7.66	9.65	9.05	8.45	8.99

\* Per 100,000 Residents



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

### Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

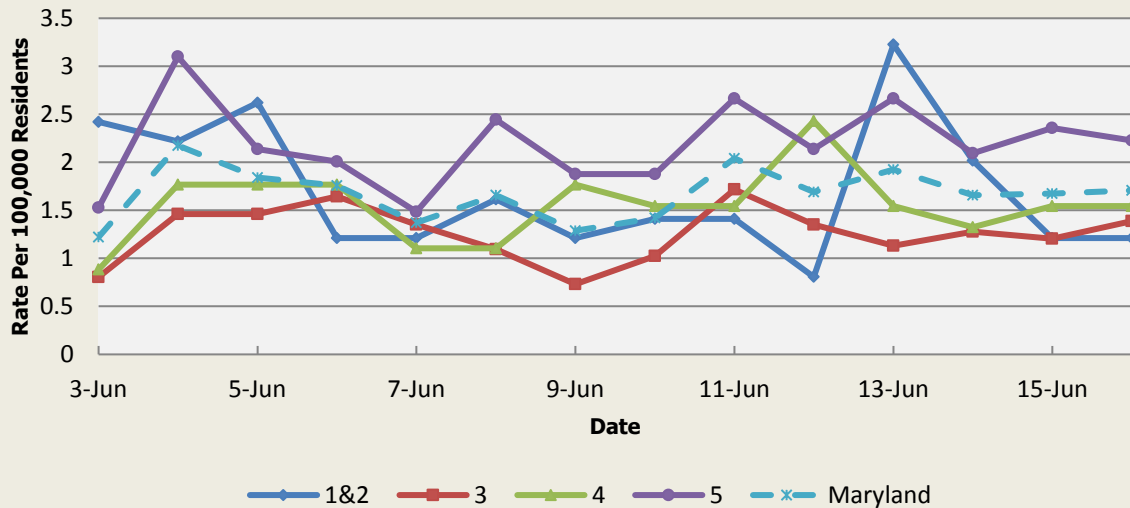


There was an appreciable increase above baseline in the rate of OTC medication sales on 11/13 (Region 3) during this reporting period. This increase is not known to be associated with any outbreaks.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.73	4.85	2.76	8.32	5.93
Median Rate*	3.02	4.24	2.43	7.77	5.34

\* Per 100,000 Residents

### Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

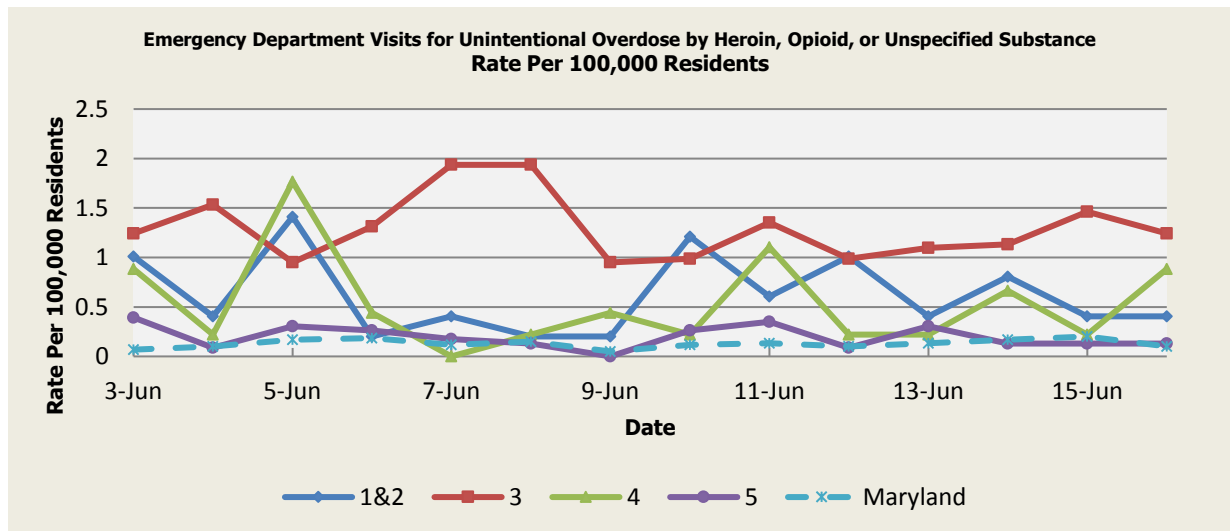
Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.25	3.13	2.42	4.13	3.47
Median Rate*	3.02	2.92	2.21	3.93	3.25

\* Per 100,000 Residents



## SYNDROMIC OVERDOSE SURVEILLANCE

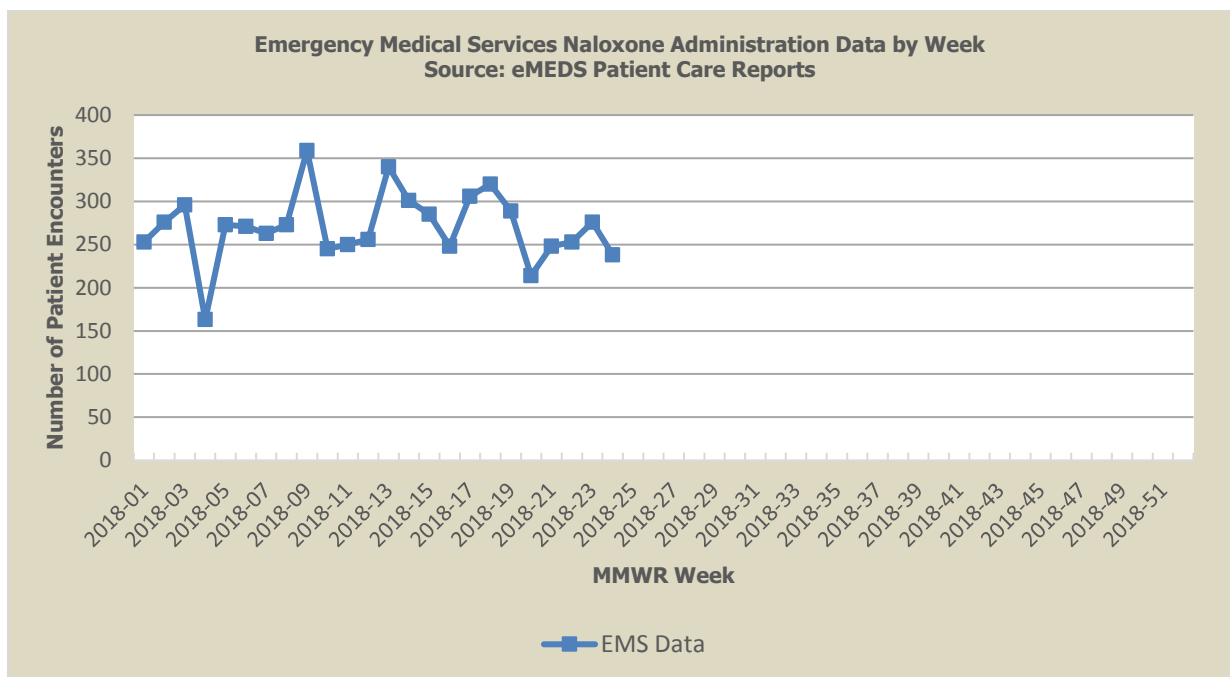
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.



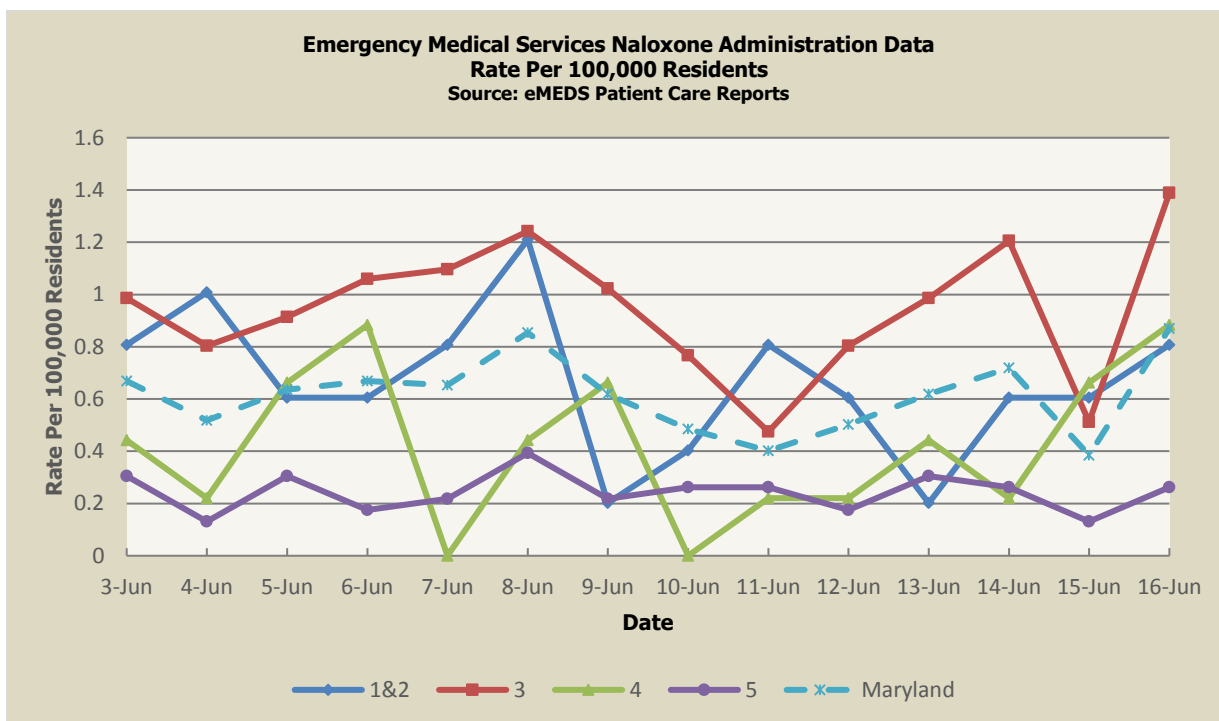
**Disclaimer on ESSENCE Overdose related data:** ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

\* Per 100,000 Residents

## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

### **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 20, 2018, the WHO-confirmed global total (2003-2018) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

**H5N1, OIE AVIAN INFLUENZA (UNITED KINGDOM),** 19 Jun 2018, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), United Kingdom. Read More: <http://www.promedmail.org/post/5863083>

**H5N8 AVIAN INFLUENZA (BULGARIA),** 14 Jun 2018, An outbreak of a virulent bird flu virus has spread to another farm in northeastern Bulgaria, the national food safety agency said on 13 Jun 2018. A 3-kilometer protection zone was set around the farm in the village of Donchevo [Dobrich] and the sale of eggs and the movement of domestic, wild, and other birds was banned within it, the agency said in a statement. Read More: <http://www.promedmail.org/post/5856014>

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week.*

### **NATIONAL DISEASE REPORTS**

**LEGIONELLOSIS (HAWAII),** 20 Jun 2018, The State Health Department is investigating 4 cases of Legionella infection, a [type of pneumonia], all treated at Queen's Medical Center. It went airborne from contaminated water through spraying, misting, and splashing. The Centers for Disease Control and Prevention is also on board, trying to find out whether exposure came from inside [nosocomial] or outside the hospital [community-acquired]. Read More: <http://www.promedmail.org/post/5866495>

**VIBRIO PARAHAEOLYTICUS (ALABAMA),** 17 Jun 2018, A Robertsdale woman has tested positive for Vibrio vulnificus after she contracted the flesh-eating bacteria from Fairhope Municipal Beach. Baldwin County Public Health Department has confirmed they are working 2 cases of Vibrio vulnificus this year, including Hallman's. One of those cases began 13 Jun 2018. Read More: <http://www.promedmail.org/post/5859587>

**POWASSAN VIRUS ENCEPHALITIS (NEW YORK),** 15 Jun 2018, The Columbia County Health Department has confirmed a case of Powassan virus [infection], a tick-borne illness, in a county resident. Dr. Ananthakrishnan Ramani, chief of infectious diseases and microbiology at Columbia

Memorial Health, working with the state Health Department, reported the 1st case of the virus. "The patient is recovering well," said Dr. Ramani, the medical director for the Columbia County Department of Health. Read More: <http://www.promedmail.org/post/5858753>

**PLAGUE (IDAHO)**, 14 Jun 2018, Plague was confirmed this week in an Elmore county child. The child is recovering after receiving antimicrobial treatment. "Plague is spread to humans through a bite from an infected flea. People can decrease their risk by treating their pets for fleas and avoiding contact with wildlife," said Sarah Correll, DVM, Central District Health Department epidemiologist. "Wear insect repellent, long pants, and socks when visiting plague affected areas." Read More: <http://www.promedmail.org/post/5856107>

**HANTAVIRUS (OREGON)**, 14 Jun 2018, Deschutes County Health Department officials confirmed a local woman died 13 Jun 2018 from hantavirus pulmonary syndrome [HPS], a disease [virus] transmitted through rodent droppings. Read More: <http://www.promedmail.org/post/5856117>

### **INTERNATIONAL DISEASE REPORTS**

**RIFT VALLEY FEVER (KENYA)**, 20 Jun 2018, Mandera is on high alert over outbreak of Rift Valley fever (RVF) that has claimed 4 lives in the neighbouring Wajir County. County Public Health officer, Abukar Abdi Sheikh while speaking to the press on 19 Jun 2018, said the County government has put intervention measures to curb an outbreak of the killer disease. The measures have been up scaled especially in Kuttullo, Mandera South and Mandera West Sub-counties and also Wajir. Read More: <http://www.promedmail.org/post/5865028>

**JAPANESE ENCEPHALITIS (TAIWAN)**, 18 Jun 2018, In a follow-up on the Japanese encephalitis situation in Taiwan, the Taiwan Centers for Disease Control announced 7 new Japanese encephalitis cases confirmed in Taiwan last week. The 7 new cases age between 17 and 70, and their onset dates vary between 19 May 2018 - 5 Jun 2018. Read More: <http://www.promedmail.org/post/5862350>

**JAPANESE ENCEPHALITIS (INDIA)**, 18 Jun 2018, The deaths of 6 children suspected to be suffering from symptoms of acute encephalitis syndrome (AES) and Japanese encephalitis [JE] in a span of 48 hours has set off alarms in the Bihar health department. Read More: <http://www.promedmail.org/post/5860635>

**TYPHOID FEVER (EL SALVADOR)**, 18 Jun 2018, The Minister of Public Health, Violeta Menjívar, said that there is an epidemic outbreak of typhoid fever in some 26 municipalities, not in the entire country. "We have salmonellosis and within it some typhoid cases, an increase of cases in 26 municipalities, which have a mild to moderate affectation ... What does that mean? We are talking about an epidemic outbreak because it is localized; it is not a national epidemic," Menjívar said on 14 Jun 2018. Read More: <http://www.promedmail.org/post/5860604>

**LASSA FEVER (LIBERIA)**, 15 Jun 2018, The National Public Health Institute of Liberia (NPHIL) in collaboration with the Ministry of Health (MoH) has responded to the Lassa fever outbreak in the country. According to a release issued in Monrovia, cases of Lassa fever are on the increase in the Lassa belt (Bong, Nimba, and Grand Bassa Counties). Read More: <http://www.promedmail.org/post/5858754>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

